## **Supplemental Application Data Sheet**



## **Application Information**

7

Application Serial No.:: 10/701,064

Filing Date:: 11/05/2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: NOVEL GLIPIZIDE COMPOSITIONS

Attorney Docket Number:: 029318-0978

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: H. William

Family Name:: Bosch

City of Residence:: Bryn Mawr

State of Residence:: PA

Street of mailing address:: 237 Rodney Circle

City of mailing address::	Bryn Mawr		
State or Province of mailing	PA		
address::			
Postal or Zip Code of mailing	19010		
address::			
Applicant Authority Type::	Inventor		
Primary Citizenship Country::	Sweden		
Status::	Full Capacity		
Given Name::	Niels P.		
Family Name::	Ryde		
City of Residence::	Malvern		
State of Residence::	PA		
Street of mailing address::	54 Lloyd Avenue		
City of mailing address::	Malvern		
State or Province of mailing	PA		
address::			
Postal or Zip Code of mailing	19355		
address::			
Correspondence Information			
Correspondence Customer Nu	mber:: 22428		
E-Mail address::	PTOMailWashington@Foley.com		
Representative Information			
Representative Customer	31049		
Number::			

# **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Continuation-in-part of	09/337, 675	06/22/1999
09/337, 675	Continuation-in-part of	09/164,351	10/01/1998
This Application	Continuation-in-part of	10/276,400	01/15/2003
10/276,400	National Stage of	PCT/US01/15983	05/18/2001
PCT/US01/15983	An application claiming benefit under 35 USC 120	09/572,961	05/18/2000

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name:: Elan Pharma International Limited